

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**01-03**

2. STATE  
**Oregon**

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 12, 2001**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
HCFA State Medicaid Manual Section 3810

7. FEDERAL BUDGET IMPACT:  
a. FFY \$ -0-  
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.17-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.17-A, Page 1

10. SUBJECT OF AMENDMENT:

This transmittal is submitted to allow the State to pursue recovery against an annuity.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Herish Crawford

Bobby Mink

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: 3-20-01

16. RETURN TO:

Office of Medical Assistance Programs  
Department of Human Services  
500 Summer Street NE, 3<sup>rd</sup> Floor  
Salem, OR 97310

ATTN: Carole Van Eck

17. DATE RECEIVED:

19. EFFECTIVE DATE OF APPROVAL:

21. TYPED NAME:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

LIENS AND ADJUSTMENTS OR RECOVERIES

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1. The State uses the following process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home:

The State does not identify permanently institutionalized individuals for purposes of estate recovery.

2. The following criteria are used for establishing that a permanently institutionalized individual's son or daughter provided care as specified under regulations at 42 CFR 433.36(f):

N/A

3. The State defines the terms below as follows:

- o ESTATE: For medical assistance provided "prior" to July 18, 1995, *estate* is defined as all real and personal property and other assets included within the individual's probatable estate. For medical assistance provided after July 18, 1995, *estate* also includes all real and personal property and other assets in which the deceased individual had any legal title or interest at the time of death including assets conveyed to a survivor, heir, or assign of the deceased individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other similar arrangement. **Under "other similar arrangement", the State will pursue recovery against an annuity that was the property of the deceased Medicaid beneficiary.**
- o INDIVIDUAL'S HOME means any dwelling unit in which an individual has an ownership interest and is used as the individual's principal place of residence; such dwelling unit may consist of a house, boat, trailer, mobile home or other habitation. It is the dwelling that the individual considers his or her fixed or permanent residence and to which, whenever absent, the person intends to return. The individual's home includes the real property on which the dwelling is located, all tangible personal property located therein, and any related outbuildings necessary to its operation. Only one dwelling unit may be considered an individual's home. Outbuildings necessary to the operation of the home include